

SNOHOMISH COUNTY DISTRICT COURT

☐ Cascade Division
415 East Burke Street
Arlington WA 98223-1099
(360) 435-7700

☐ Everett Division
3000 Rockefeller M/S 508
Everett WA 98201
(425) 388-3331

☐ Evergreen Division
14414 179th Ave SE
Monroe WA 98272
(360) 805-6776

☐ South Division
20520 68th Ave W
Lynnwood WA 98036
(425) 774-8803

In re the matter of: _____)

CASE NO. _____

PETITION FOR CHANGE OF NAME (ADULT)

_____)
_____)
_____)
_____)
Petitioner.

1. Are you a United States citizen? ☐ YES ☐ NO
2. Do you reside in Snohomish County? ☐ YES ☐ NO
3. I am applying for a court order which will change:

My name from _____
(Last) (First) (Middle)
to _____
(Last) (First) (Middle)

4. My Address is: _____
Telephone Number: () _____

5. This application is made for the following reasons:

6. This application is not made for any illegal or fraudulent purpose.
a. I am not under the jurisdiction of the Department of Corrections
b. I am not required by law to register as a sex offender.

7. The change of name will not be detrimental to the interests of any other person.

8. Petitioner's: Date of Birth _____
Place of Birth _____
Parent Name (Mother) _____
(Last) (First) (Middle)
(Father) _____
(Last) (First) (Middle)

I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing statements in this Petition are true and correct.

Signed at _____
(City and State)

Petitioner

Date: _____

Title, if any